



03-24-06

DAE/cpe
JFW

Express Mail No. EV452777051US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patentees: Catton et al.

U.S. Patent No.: 6,987,448

Application No.: 09/933,502

Issue Date: January 17, 2006

Filed: August 20, 2001

For: MEDICAL GAS ALARM SYSTEM

Attorney Docket No: 11518-003-999
(CAM No.: 560255-135073)**REQUEST TO CORRECT ASSIGNEE UNDER 37 C.F.R § 3.81(b)**Mail Stop Petitions
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to 37 C.F.R. § 3.81(b), Patentees hereby request that the above-identified patent be corrected to state the correct name of the assignee. The Assignee of this patent is Beacon Medical Products LLC. The Assignment was recorded on December 1, 2004, at Reel 016039, Frame 0959. Hill-Rom Services, Inc. was inadvertently named as the assignee in the Issue Fee Transmittal. Hence, the above-identified patent issued incorrectly stating that Hill-Rom Services, Inc., is the assignee.

Submitted concurrently herewith are the following: (i) a Request For A Certificate Of Correction Under 37 C.F.R. § 1.323 with authorization to charge the required fee; and (ii) Form PTO-1050. Patentees respectfully request that the file be forwarded to the Certificates of Correction Branch for issuance of a Certificate of Correction upon grant of this Request.

03/27/2006 AKELECH1 00000063 503013 6987448

02 FC:1464 130.00 DA

03/27/2006 09/18/2007 CKYLCW
03/27/2006 AKELECH1 00000063 503013 6987448
02 FC:1464 130.00 DA

**UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231**

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|--|-----------------------------------|------------------------------------|---|-----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>09/15/07</u> | | 2 Serial/Patent # <u>6,987,448</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| | Filing | | | \$ | | | | | | | |
| | Amendment | | | \$ | | | | | | | |
| | Extension of Time | | | \$ | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| X | Petition | | 03/22/06 | \$ 130.00 | | | | | | | |
| | Issue | | | \$ | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| | Maintenance | | | \$ | | | | | | | |
| | Assignment | | | \$ | | | | | | | |
| | Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ 130.00 | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| | | Treasury Check | | | | | | | | | |
| | | X | Credit Deposit A/C #: | | | | | | | | |
| | | 9 | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">3</td> </tr> </table> | | 5 | 0 | -- | 3 | 0 | 1 | 3 |
| 5 | 0 | -- | 3 | 0 | 1 | 3 | | | | | |
| 10 REASON: | | | | | | | | | | | |
| | Overpayment | | | | | | | | | | |
| X | Duplicate Payment | | | | | | | | | | |
| | No Fee Due (Explanation): | | | | | | | | | | |
| The petition fee is really a duplicate processing fee. | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Shirene W. Brantley</u> | | TITLE: <u>Petitions Attny</u> | | | | | | | | | |
| SIGNATURE: <u>/SWB/</u> | | PHONE: <u>570 272-3230</u> | | | | | | | | | |
| OFFICE: <u>Office of Petitions</u> | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: <u></u> | | DATE: <u>9/18/07</u> | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**